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ABSTRACT

Current issues in reading diagnosis and remediation may be classified as political, diagnostic, and remedial. The main political issue in recent years has been the overlapping of the concepts of learning disability and reading disability and the consequent conflict of jurisdiction of reading specialists and learning disability specialists. This overlapping may be solved if new, federally proposed criteria for identifying learning disabilities are adopted. Current diagnostic trends involve the search for deviant brain functioning as a cause of reading disability. With regard to dianostic procedures, there is fairly general agreement that the reading specialist should concentrate on analysis of a child's reading and closely related skills and should refer the minority of nonresponding cases to multidisciplinary centers or clinics for more detailed study. Remedial procedures include the use of behavior modification, many of the principles of which have been practiced by remedial teachers for many years. Probably the main current issue in remedial teaching is how best to use the reading specialist's time: gradually, the reading specialist is spending more time as a consultant and supervisor and less time in direct teaching. (GW)

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CURRENT ISSUES IN THE DIAGNOSIS AND TREATMENT OF READING DISABILITIES

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Current issues in reading diagnosis and remediation may be classified as political issues, diagnostic issues, and remedial issues. Only a few of the most important issues can be discussed in a paper of this length.

Political Issues

The main political issue that has emerged in recent years is the overlapping between the concepts of learning disability and reading disability, and the consequent overlapping of jurisdictions between reading specialists and learning disability specialists.

The Children with Specific Learning Disabilities Act of 1969 defined a learning disability as a "disorder in one or more of the basic psychological processes involved in understanding or using spoken or written language," and listed dyslexia among the conditions included. It did not provide any definite diagnostic criteria. As a result, recent state laws in this area use various terms such as perceptually handicapped, educationally handicapped, and minimally brain damaged, as well as learning disabled, and there is no uniformity in the definitions used or the criteria specified (Gillespie, Miller, and Fielder, 1975).

New regulations governing assistance to states for the education of handicapped children are currently proposed by the U.S. Office of Education (Federal Register, Nov.29, 1976, pp.52404-52407). Each child to be considered as a possible case of learning disability must be evaluated by a committee of three including a classroom teacher, a person knowledgeable about learning disabilities, and a third person who may be a certified psychologist, remedial reading teacher, or speech clinician. The evaluation procedure specifies an individual intelligence test, observation of the child in his classroom, a medical examination where indicated, and agreement among the three team members that the child's functioning in oral language, reading, spelling, or mathematics is less than half of expected achievement.

Expected achievement is computed by combining IQ and chronological age, giving IQ double weight. This is a modification of a formula for measuring reading disability that I have been recommending for several years (Harris and Sipay, 1975).

What will be the effect on jobs for reading specialists if this procedure is adopted? Probably not the catastrophe that some are fearing. Firstly, the number of disabled readers that might be classified as learning disabilities and assigned to learning disability teachers is probably less than 2 percent of the school population. If we assume that 15 percent of the school population have some degree of reading disability, the remaining 13 percent are far more than present remedial reading programs and personnel can care for. For example, a recent survey in Delaware showed that 28 per cent of schools had no special reading programs, and in the schools that did, only 41 percent had remedial reading teachers who were certified as reading specialists(Pugh and Tobin, 1976). And a recent survey in New York, New Jersey, and Connecticut seems to show no diminution in positions for reading teachers in the near future (Wepner, 1977).

Secondly, the most severe cases of reading disability are the ones hardest to teach, slowest to learn, most likely to have complex combinations of handicapping factors, and most likely to require intensive, highly individualized, and long-continued tutoring. Relieved of them, the reading specialist could provide improved service to the remaining reading disabled children.

Thirdly, it is not unlikely that a situation similar to that in psychotherapy will evolve. The bulk of psychotherapy today is carried on by psychologists, social workers, and even some nurses. It is recognized that similar competencies can be achieved through more than one kind of training. If some reading specialists are particularly interested in the most severe

cases and are particularly good with them, it is probable that their expertese will be recognized and put to use.

Causation and Diagnosis

The search for the causes of reading disabilities has become more sophisticated. There is growing acceptance of the idea that the reading disability population contains subgroups with different and sometimes contrasting characteristics, so that comparing a group of the reading disabled with a group of normal readers is a useless type of activity. Among the subgroups suggested by recent research are the following: those with auditory and language deficiency, those with visual perceptive deficiency, and those with both auditory and visual deficits; those with an arousal deficiency and those unable to sustain attention; those who are slow but comparatively accurate versus the fast but sloppy readers; those who respond favorably to stimulant drugs and those helped by depressants or tranquilizers; those with demonstrable central nervous system dysfunctions and those without.

There has been renewed interest in brain functioning as related to reading. It seems well established that the left hemisphere is dominant for functions involving language, logical thinking, and sequence, and that the right hemisphere is dominant for Gestalt perception of space and perception of other non-linguistic patterns such as music, in most left-handed people as well as nearly all of the right-handed. The dominant hemisphere for language has been studied using the dichotic listening technique, in which different stimuli are fed simultaneously to the two ears, and the side with the more complete recall is thought to represent the dominant hemisphere.

The results of these experiments with children are inconsistent, however, and their interpretation is somewhat ambiguous (Satz, 1976).

Another part of the brain to receive current attention is the cerebellum, a large mass below the cerebral hemispheres which controls movement and fine coordination, in close relation with the semi-circular canals of the inner ear which provide the sense of balance. A high proportion of children with reading disability are reported to show abnormal cerebellar-vestibular functioning by de Quirós of Argentina (1976) and by Frank and Levinson of New York (1975-76).

A diagnostic breakthrough is claimed for a new, computerized method of interpreting the electrical currents of the brain (Goleman, 1976; John, 1976). The Quantitative Electrophysiological Battery is said to take only 15 minutes and to provide diagnostic differentiations of superior accuracy. Like all claims for radical innovations, this one requires independent verification.

With regard to diagnostic procedures, there is fairly general agreement that the reading specialist should concentrate on analysis of a child's reading and closely related skills, and refer the minority of non-responding cases to multi-disciplinary centers or clinics for more detailed study. The reading specialist is increasingly called upon to organize a learning plan for a child which can be carried on in whole or part by someone else -- classroom teacher, parent, aide, or volunteer. Thus skill in the translation of diagnostic findings into practical teaching procedures and selection of appropriate materials should be a major objective of programs that train reading specialists.

It seems probable that reading specialists have been making insufficient use of two readily available diagnostic procedures. One of these is the use of sample lessons, which have been recommended for many years (Harris and Roswell, 1953). From performance on diagnostic reading tests one can determine what the child has learned and what remains to be mastered. In a sample lesson one can get a preview of how the child is likely to respond to remedial teaching -- his motivation and attention, presence or absence of resistance, as well as rate of learning and adequacy of retention. By trying alternative modes of teaching one can often select the particular one that is most appropriate for that child.

The second neglected procedure is getting the child's own point of view. As Meichenbaum (1976, p.439) has recently written, "...one infrequently, if ever, hears anything from the child. His perception of the task, his description of his strategy, his appraisal of his performance, and his assessment of his own situation (will he go to a separate class; does he think that people feel he's crazy; is he ridiculed as he goes for assessment, etc.) are absent. It is suggested that the children have something to tell us, if we would only ask and then listen."

Remedial Treatment

Reading specialists need to recognize that certain kinds of non-educational treatment can be helpful in specific cases. Findings on the effectiveness of stimulant drugs have been summarized by Conners (1976, p. 401) as follows: "Basically, then, inattentive, distractible, and impulsive children who fail certain academic functions despite adequate general intelligence may have secondary learning disabilities that improve with stimulant drug treatment. Other

forms of learning disability, e.g., specific dyslexia, are unlikely to show much change except insofar as the drugs simply increase general alertness in bored or fatigued children." There seems to be no opposition to the notion that when a child has a serious personal maladjustment problem as well as a reading disability, both should be treated, whether or not they are causally related. The recent trend toward family therapy seems a wholesome one.

Behavior modification is an area of special interest to remedial teachers; as a matter of fact, they were there first. There is a new name, and a new set of explanatory concepts, for practices which good remedial teachers have been employing for decades: analyzing the global task into learnable bits, identification of key items to be learned first, determining an appropriate sequence, adjusting teaching to the child's rate and style of learning, and above all, judicious use of many kinds of reward.

A recent development in behavior modification is Meichenbaum's emphasis on the child's way of thinking as a determiner of his behavior in a learning situation. He has shown that by teaching a child to talk to himself differently one can alter his thinking, his self-image, and his feelings about learning (Meichenbaum, 1974, 1976).

Turning to remedial teaching, probably the main current issue is how best to use the reading specialist's time. As more time becomes needed for diagnostic work and consultations with teachers and parents, less time is left for direct work with children. The reading teacher's domaine has in many schools been restructured into a reading resource room with many functions. One way to meet this change is to multiply the reading specialist's hands by making maximum use of assistants. These may include

paraprofessional aides, students in teacher education programs, adult volunteers including parents (assigned to children other than their own), and older children tutoring younger children. The recruitment, training, scheduling, and supervision of teaching assistants are becoming increasingly important functions of the up-to-date reading specialist.

The other main resource to the remedial teacher in reaching more children is to provide a teaching program and materials to a child's teacher, when that teahher is willing to try. If the reading specialist does the first teaching of new skills and provides the classroom teacher with follow-up activities, the child's rate of learning can be enhanced and the length of time that he will need the personal attention of the reading specialist can be diminished.

Of course, the plethora of materials for skill building that provide multi-sensory presentations and self-checking exercises makes it easier to provide independent reading activity for poor readers than it used to be. There is the danger, however, that excessive reliance on such materials may diminish the personal relationship between remedial teacher and pupil, that rapport, which provides the magic spark in a successful remedial program.

To summarize briefly, the current jurisdictional overlapping between reading personnel and learning disability personnel may be solved if the proposed new criteria for identifying learning disabilities are adopted. Only a small proportion of the most serious reading disabilities would qualify as reading disabled, leaving plenty of work for reading specialists.

The search for deviant brain functioning as a cause for reading disability continues, with some exciting new developments. The stimulant drugs are of some limited value in some cases of reading disability. Behavior modification, many of the principles of which have been practiced by remedial teachers for many years, is becoming more sophisticated and may have some valuable new techniques for our field. Finally, the reading specialist is gradually spending more time as a consultant and supervisor and less time in direct teaching, a new role for which many would welcome additional training.

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